JUN 2 1 2006

PART B - FEE(S) TRANSMITTAL

his form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

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03/21/2006 40320 7590

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(Depositor's name) tewart lewanis (Signa (Da

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ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 2418 90018,0.30 A3/09/7000 Brian K. Estabrook 09/522,160

TITLE OF INVENTION: PORT DEVICE FOR SUBCUTANEOUS ACCESS TO THE VASCULAR SYSTEM OF A PATIENT

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APPLN. TYPE	SMALL ENTITY	issue fee		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisiona)	YES	\$700		\$0	\$700	06/21/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	000 .000	TREMIANA 0000004E	E00303 0
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1. Change of correspondence address or Indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO'SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO'SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient from page, list 01 FC 2591 700.00 DA (1) the names of up to 3 registered patent attorneys or sgents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or sgent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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